

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$20.00 for date of service, 12/28/01.
- b. The request was received on 02/28/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial Submission of TWCC-60
    1. Position statement, undated
    2. HCFA 1500
    3. EOB(s)
  - b. Additional documentation requested on 05/08/02 and received on 05/22/02
    1. Request for reconsideration letter dated 01/18/02
    2. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 05/28/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter undated

Please review the claim forms that were submitted, CPT code 97022 was billed with modifier -22 to signify that sterile whirlpool was performed. Sterile whirlpool was identified in the documentation enclosed with the original claim. Therefore, additional reimbursement is due for all dates of service in which 97022-22 was paid at \$20.00 rather than the \$40.00 stated in the fee guidelines."

2. Respondent: No response found in file

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 12/28/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$40.00 for services rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$20.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as "F REDUCTION ACCORDING TO MEDICAL FEE GUIDELINE" with an additional comment of ">UNUSUAL SERVICES".
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$20.00 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12/28/01	97022-22	\$40.00	\$20.00	F	\$40.00	TWCC Rule 133.304 (c) ; MFG; MGR (I) ( C ) (7); CPT^ Descriptor	The Carrier's EOB, dated 01/08/02 denies reimbursement as, "'F REDUCTION ACCORDING TO MEDICAL FEE GUIDELINE" with an additional comment of ">UNUSUAL SERVICES". This EOB does not meet the requirements of TWCC Rule 133.304 ( c ) regarding explanation of benefits denials. The rule states, "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The additional comment of ">UNUSUAL SERVICES" does not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." However, the Provider has submitted medical documentation to support services rendered as billed in accordance with the Medical Fee Guideline. Therefore, additional reimbursement of <b>\$20.00</b> is recommended.
<b>Totals</b>		\$40.00	\$20.00				The Requestor is entitled to reimbursement in the amount of <b>\$20.00</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$20.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 23rd day of September 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division  
DT/dt